EXPRESS MAIL NO. EV529823801US Effective on 12/08/2004. Complete if Known Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818). **Application Number** 10/764,267 FEE TRANSMITTAL Filing Date January 23, 2004 MAR 2 3 2005 First Named Inventor Ross Armstrong for FY 2005 Sameh Tawfik **Examiner Name** Art Unit Material See 37 CFR 1.27 3721 TOTAL AMOUNT OF PAYMENT Attorney Docket No. 720004.535 METHOD OF PAYMENT (check all that apply) Check | | Credit Card | Money Order Other (please identify): Deposit Account Deposit Account Number: 19-1090 Deposit Account Name: Seed IP Law Group PLLC For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments Charge any underpayments or credit any overpayments of fee(s) under 37 CFR 1.16 and 1.17 Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FILING FEES** SEARCH FEES **FEES Small Small Entity Small Entity Entity Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Utility 150 500 250 200 300 100 200 100 100 50 130 65 Design Provisional 200 100 0 0 2. EXCESS CLAIM FEES **Small Entity Fee Description** Fee (\$) Fee (\$) Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 **Total Claims Extra Claims** Fee (\$) Fee Paid (\$) **Multiple Dependent Claims** -20 or HP = 15 X Fee Paid (\$) Fee (\$) HP = highest number of total claims paid for, if greater than 20 Indep. Claims **Extra Claims** Fee (\$) Fee Paid (\$) -3 or HP = 0 Х HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)) the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). **Total Sheets Extra Sheets** Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) -100 = (round up to a whole number) 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 3 month Petition for Extension of Time <u>510</u>

Registration No.

(Attorney/Agent)

55.907

Telephone

Date

206-622-4900

March 23, 2005

Signature

SUBMITTED BY

Name (Print/Type)

Richard C. Vershave

03/28/2005 SSESHE1 00000065 10764267

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PTO/SB/22 (10-04)
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		20/-\ I	Docket Number 720004.535	
FY 2005				
(Fees pursuant to the Consolidated Appropri	lations Act, 2005 (H.R.		January 22, 2004	
Application Number 10/764,267			January 23, 2004	
For APPARATUS AND METHODS FOR APP	LYING A STRAP AR			
3721			Examiner Sameh Tawfik	
This is a request under the provisions of 37 reply in the above identified application.	' CFR 1.136(a) to ext	tend the period for f	iling a	
The requested extension and fee are as fol fee below):	llows (check time per	riod desired and ent	er the appropriate	
,	<u>Fee</u>	Small Entity Fe	Small Entity Fee	
One month (37 CFR 1.17(a)(1))	\$120	\$60	\$	
Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$	
Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$ <u>510</u>	
Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$	
Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$	
X Applicant claims small entity status. Se	e 37 CFR 1.27.			
A check in the amount of the fee is encl	osed.			
Payment by credit card. Form PTO-203	88 is attached.			
The Director has already been authorize	ed to charge fees in t	his		
application to a Deposit Account.				
☐ The Director is hereby authorized to cha	•	•		
or credit any overpayment, to Deposit	Account Number 19	<u>-1090</u> . I have enclo	sed a	
duplicate copy of this sheet. WARNING: Information on this form may be	nacoma nublic. Cradi	t card information sh	ould not be	
included on this form. Provide credit card				
I am the applicant/inventor.				
assignee of record of the entire in	nterest. See 37 CFF	R 3.71		
Statement under 37 CFR 3.73	3(b) is enclosed (For	m PTO/SB/96).		
🛚 attorney or agent of record. Reg	istration No. <u>55,907</u>			
attomey or agent under 37 CFR	1.34.			
Registration number if acting un	nder 37 CFR 1.34	·		
Lutrol VI		March 23, 2005		
Signature		Date		
Richard C. Vershave		206-622-4900		
Typed or printed name		Telephone Nu	mber	

Submit multiple forms if more than one signature is required.

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.C:\NrPortb\\infty\) Manage\\(\text{ANGIEL\}\)\(\text{SOMEDIES}\)